

POSITION	INITIAL	DO NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		59	3/5/
FORMALITY REVIEW	B2	897	03-27-01
RESPONSE FORMALITY REVIEW	A.M.	774	3/5/01
	TR	1112	1/27/03

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/23/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/28/03